

10 18

PLACE OF DEATH		ARIZONA Territorial Board of Health	
County of <u>Maricopa</u>		BUREAU OF VITAL STATISTICS <u>410</u> ✓	
District of _____		ORIGINAL CERTIFICATE OF DEATH <u>772</u>	
Town of <u>Wickenburg</u>		Ter. Index No. _____	
or City of _____		County Registered No. <u>498</u>	
(If death occurs away from USUAL RESIDENCE, give facts called for under "Special information.")		St. _____ Ward. _____	(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)
FULL NAME <u>Silbino Abacela</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
LENGTH OF RESIDENCE		DATE OF DEATH <u>June 20</u> 19 <u>11</u>	
At Place of Death <u>Unknown</u> yrs. _____ mos. _____		(month) _____ (day) _____ (year) _____	
In Arizona <u>Unknown</u> yrs. _____ mos. _____		I hereby certify, That I attended deceased from <u>June 20</u> 19 <u>11</u> to <u>June 20</u> 19 <u>11</u>	
SEX <u>Male</u>	COLOR OR RACE <u>White</u> <u>Black</u> <u>Chinese</u> <u>Indian</u> <u>Mexican</u>	that I last saw him alive on <u>June 20</u> 19 <u>11</u>	
DATE OF BIRTH _____		and that death occurred on the date stated above at <u>5:00 P.M.</u>	
AGE <u>About 35</u> years _____ months _____ days		The DISEASE or INJURY causing DEATH was as follows; <u>Shock following R.R. accident.</u>	
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Unknown</u>		Where contracted <u>At C. Junction</u> Duration <u>2 hrs</u>	
BIRTHPLACE (State or foreign country) <u>Mexico</u>		Contributing cause (if any) _____	
OCCUPATION <u>Unknown</u>		Where contracted _____ Duration _____	
NAME OF FATHER <u>Unknown</u>		(Signed) _____ M.D.	
BIRTHPLACE OF FATHER (State or foreign country) <u>Unknown</u>		<u>6/21</u> 19 <u>11</u> Address <u>Wickenburg</u>	
MAIDEN NAME OF MOTHER <u>Unknown</u>		SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.	
BIRTHPLACE OF MOTHER (State or foreign country) <u>Unknown</u>		Former or Usual residence _____ How long at _____ Place of Death _____ Days _____	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.		Place of burial or removal <u>Wickenburg</u> Date of burial or removal <u>6/21</u> 19 <u>11</u>	
Informant <u>D. Keith</u>		Underwriter <u>Shannon</u> Address <u>Wickenburg</u>	
(Address) <u>Wickenburg</u>		Filed <u>6/21</u> 19 <u>11</u> Local Register. <u>D. Keith</u>	
		Filed <u>7/23</u> 19 <u>11</u> <u>W. H. Hughes</u> County Registrar	